

M C O B
A method to control an overactive bladder.

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5 This application concerns a method to control an overactive bladder and to estimate bladder volume, comprising an implanted sensor, which sensor comprises at least one nerve electrode to sense electrical signals, means for stimulation of nerves to inhibit detrusor contraction, an electronic unit to detect events from nerve signals and generate electrical pulses for stimulating nerves.

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10 2. DESCRIPTION OF THE RELATED ART

US 4,406,228 discloses a system that purportedly conditions pelvic floor musculature by means of neurostimulation for the purpose of controlling urinary loss. Such system includes stimulation apparatus for applying electrical pulses to electrodes implanted in the abdominal region or to a plug positioned in an anus. The plug contacts the sphincter muscle of the anus for the alleged purpose of inhibiting bladder contraction in response to excitation of the plug.

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In this way the bladder volume is not measured, which can lead to bladder over distensions, and can lead to bladder rupture.

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25 The storage phase of the micturition cycle requires a stable bladder with high compliance (i.e. a relaxed bladder) and closed urethral outlet. However, due to the feedback system the bladder may easily become unstable. Any stimulus that elicits a small burst of impulses in the mechanoreceptor afferents, such as coughing and jumping may trigger an involuntary micturition reflex and cause urine leakage. To prevent this from happening the neural control system is equipped with several inhibitory circuits, both at spinal and supraspinal levels, which prevent the detrusor muscle to contract. However, these
35 inhibitory circuits are susceptible to a variety of neu-

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rologic disorders. Therefore patients with neurologic disorders frequently suffer from urinary incontinence due to involuntary detrusor contractions.

5 The impaired storage function could in principle be improved by methods that decrease the sensitivity of the bladder afferents, decrease the activity of the bladder efferents or increase the bladder volume/capacity. Available treatment options are therefore: surgical augmentation of the bladder [Sidi et al., 1990], surgical deafferentation of the bladder [Koldewijn et al., 1994], the use of anticholinergic drugs and the use of intravesical capsaicin [Wiart et al., 1998].

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15 Bladder inhibition by electrical stimulation has been described before [e.g. Vodusek et al., 1988; Wheeler et al., 1992] but only continuous stimulation was used, e.i. stimulation is permanent except during voiding.

20 ~~Reff~~

Add: T. Lefurge, E. Goodall, K. Horch, L. Stensaas, and A. Schoenberg, "Chronically implanted intrafascicular recording electrodes," *Annals of Biomed. Eng.*, vol. 19, pp. 197-207, 25 1991.

Add: J.N. Sengupta, G.F. Gebhart, "Mechanosensitive properties of the pelvic nerve afferent fibres innervating the urinary bladder of the rat," *J. Neurophysiol.*, vol. 30 72, pp. 2420-2430, 1994.

SUMMARY OF THE INVENTION

~~The object of the inventions is:~~

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35 1) treatment of involuntary loss of urine (incontinence) due to involuntary detrusor contractions (detrusor overactivity)

2) estimation of bladder volume. This finds particular application in patients who use aids to empty their bladder e.g. intermittent catheterisation or electrical stimulation.

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The invention finds particular application in patients where the involuntary detrusor contraction is associated with a neurologic disorder.

10 Treatment of detrusor overactivity and estimation of bladder volume can be achieved by a method as described in the first paragraph using a closed loop stimulation system to allow event driven inhibition of the bladder where stimulation is only applied when an undesired bladder contraction occurs, and an implanted sensor comprising at least one nerve electrode to sense electrical signals from nerves innervating the bladder. Sensing electrical signals related to mechanical bladder activity via said sensor, and detecting the onset of a bladder contraction, and estimation of bladder volume using signal processing methods, and activating an inhibitory neural circuit by stimulating afferent nerve fibers, in response to detection of the onset of a bladder contraction.

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By this method no nerves has to be cut, and no irreversible surgery has to be done. Stimulation of neural tissue only takes place when needed, and the volume of the bladder is monitored. The present invention uses electrical stimulation to inhibit the bladder. Inhibition of the bladder by electrical stimulation is possible since, besides the mentioned neural inhibitory circuits, additional spinal inhibitory circuits exist to prevent involuntary leakage during e.g. defecation, coitus and physical activity. Activation of the afferent path of these neural circuits has two effects: they activate the in-

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inhibitory sympathetic neurones to the bladder and they provide central inhibition of the preganglionic detrusor-motoneurons through a direct route in the spinal cord. These additional inhibitory reflexes are not suppressed during micturition, which means that they are quite capable of interrupting a detrusor contraction. Activation of these reflexes by electrical stimulation is a non-destructive alternative method for patients who are refractory to drugs, cannot tolerate the side effects or for other reasons do not accept a drug treatment.

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Primarily the recorded nerve signals comes from afferents innervating mechanoreceptors located in the bladder wall. By detecting the onset of the bladder contraction the stimulator could be activated only when contraction occurs, and continuous stimulation is not necessary. This minimises the risk of neural damages due to the stimulation. In addition, if the patient can sense the stimulation, the duration of stimulation should be minimised to minimise the discomfort.

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The step of implanting a sensor might comprise the step of implanting a nerve cuff electrode. The cuff electrode has been used successfully in other applications and has been shown to be safe for human implants.

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The step of implanting a sensor might comprise the step of implanting an intrafascicular electrode [Lefurge et al., 1991]. The intrafascicular electrode is flexible and smaller, and might be preferred in locations where limited space is available.

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The electrodes can be used to detect efferent or afferent nerve activity. The same electrode could be used to record both types of nerve signals.

The electrode can be placed on a nerve that contains afferent nerve fibres innervating mechanoreceptors located in the bladder. In this way information about the status of the bladder can be obtained .

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The electrode can be located at the intradural or extradural dorsal sacral nerve roots. In this way the electrodes can be placed at a mechanical stable position, and the nerve roots are relatively long, which enables easy placement of electrodes.

15 The electrode can be placed on a nerve that contains efferent nerve fibres innervating the bladder, so bladder activation can be monitored.

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The electrode can be located at the intradural or extradural ventral sacral nerve roots. In this way the electrodes can be placed at a mechanical stable position, and the nerve roots are relatively long, which enables easy placement of electrodes.

25 The electrode might be located at at least one of the preganglionic pelvic nerve branches and postganglionic nerve branches. In this way nerve signals from the bladder can be recorded more selectively without contamination with signals from other organs.

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Preferably two different nerve signals can be used to detect a detrusor contraction, where the first signal comes from afferent nerves innervating the bladder, and the second signals comes from efferent nerves innervating the detrusor muscle. In this way the detrusor contraction can be detected more reliable.

Activating a neural circuit that inhibits the bladder contraction can be done by stimulating afferent nerve fibres, innervating mechanoreceptors, located in the glans of the penis or clitoris. In this way an ongoing detrusor contraction can be aborted or stopped and leakage of urine will be prevented.

The bladder volume can be derived from the amplitude of the recorded afferent signal. By measuring of the bladder volume the patient can be informed about his/her bladder volume.

The bladder volume can be derived from the time between 2 consecutive detrusor contractions. By measuring of the bladder volume the patient can be informed about his/her bladder volume.

The bladder volume can be derived from both the amplitude of the recorded nerve signal and the time between 2 consecutive detrusor contractions. This way the bladder volume can be estimated in a more reliable way.

In the following the invention will be detailed described partly with reference to drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig.1 shows a block diagram of event driven stimulation system to treat an overactive bladder.

Fig. 2 shows a block diagram of a bladder volume monitoring system.

Fig. 3 shows schematically how the invention is applied.

Mechanoreceptors located in the bladder wall act as tension receptors and respond in graded fashion to increases in bladder volume and intravesical pressure [Sengupta and

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5 Gebhart, 1994]. It has been shown that a close relation-
ship between afferent nerve activity and the pattern of
intravesical pressure changes is best observed when the
activity of many afferent nerve fibres is summed. Sensor
14 comprises an implantable nerve cuff electrode. This
type of electrode surrounds the selected nerve in close
proximity so currents generated by the nerve fibres re-
sult in sufficient large voltage differences in the vol-
ume within the cuff so that they can be detected by the
10 electrode. However, other electrode configurations such
as intrafascicular electrodes could also be used to detect
the efferent nerve activity. The electrode needs to be
placed on a peripheral nerve 15 that contains afferent
nerve fibres innervating mechanoreceptors located in the
bladder. Possible locations for the electrode are there-
fore: intradural dorsal sacral nerve roots (S2-S4), ex-
tradural sacral nerve roots (S2-S4), preganglionic pelvic
nerve branches and postganglionic nerve branches. An al-
ternative method to detect a bladder contraction is to
20 record from the efferent nerve fibres that innervate the
detrusor muscle. An increase in the efferent signal re-
sults in a detrusor contraction so an increased efferent
signal indicates a detrusor contraction. Possible loca-
tions for the electrode to record efferent signals from
25 peripheral nerve 15 are: intradural ventral sacral nerve
roots (S2-S4), extradural sacral nerve roots (S2-S4),
preganglionic pelvic nerve branches and postganglionic
nerve branches.

30 The output of the sensor 14 is passed through a circuit
13 that includes an amplifier and a filter. The output of
circuit 13 is passed to circuit 10, which contains a de-
tection algorithm that allows the detection of the onset
of a sudden rise in intravesical pressure or a detrusor
35 contraction. The detection algorithm takes place in a
signal processor 10, which will pass a trigger signal to

stimulator 11 when it detects such a pressure rise. The stimulator 11 includes one or more electrodes placed on peripheral sensory nerves 12. The stimulator 11 produces, in response to the trigger signal from circuit 10, an electrical potential difference, which will result in an electrical current through the electrode and adjacent nervous tissue. A rapid change in this electrical current activates or stimulates nerve fibres causing the production of action potentials in peripheral nerve 12. It has been shown that activation of afferent nerve fibres, innervating mechanoreceptors located in the glans of the penis or clitoris, has a strong inhibitory effect on the bladder. To obtain the desired effect of bladder inhibition upon stimulation the afferents should be stimulated somewhere along their course from mechanoreceptors to the sacral spinal cord. This means that possible locations for the electrode to be placed on peripheral nerve 12 are: dorsal penile/clitoris nerve, pudendal nerve, extradural sacral nerve roots (S2-S4) and intradural dorsal sacral nerve roots (S2-S4).

A system for monitoring the bladder volume is shown in FIG.2. Mechanoreceptors located in the bladder wall act as tension receptors and respond in graded fashion to increases in bladder volume and intravesical pressure. It has been shown that a close relationship exist between afferent nerve activity and bladder volume. In addition, bladder volume could be estimated from the time between two consecutive hyperreflexic bladder contractions since the number of contractions per time unit is proportional to the bladder volume. The preferred nerve electrode for this purpose is an implantable nerve cuff electrode, although other electrode configurations could also be used. The sensor 25 comprises an electrode, which needs to be placed on a peripheral sensory nerve 26 that contains afferent nerve fibres innervating mechanoreceptors

located in the bladder. Possible locations for the sensor 25 are therefore: intradural dorsal sacral nerve roots (S2-S4), extradural sacral nerve roots (S2-S4), preganglionic pelvic nerve branches and postganglionic nerve branches. Sensor 25 could be the same one as sensor 14 so the systems of FIG.1 and FIG.2 share the same electrode.

The output of the sensor 25 is passed through a circuit 24 that includes an amplifier and a filter. The output of circuit 24 is passed to signal processing unit 20, which contains an estimation algorithm that allows estimation of bladder volume. If the estimated volume exceeds the volume threshold then a trigger signal will be passed to transmitter 21. Upon receiving a trigger, transmitter 21 sends a signal to receiver 22 using radio waves. Receiver 22 is placed outside the body and will, upon receiving a signal from transmitter 21, pass a signal to actuator 23. Actuator 23 will alert the user that the bladder volume exceeded the volume threshold. Various devices could be used as actuator such as a buzzer, a vibrator, etc.

Fig. 3 shows in detail the elements of the invention. A Bladder 31 with a closing mechanism comprising a sphincter 32 together with the innervating peripheral nerves, which comprises 34 intradural dorsal sacral root 34, intradural ventral sacral root 35, extradural sacral root 36, Preganglionic Pelvic nerve 37, Postganglionic pelvic nerve 38 and Pudendal nerve 39. In addition the dorsal penile/clitoral nerve 40 is shown. These nerves relay information to and from the spinal cord 33. A recording electrode 41 senses information from the nerves 37, and electrical information is transmitted through an electrode lead 43 to a signal processing unit 44, which is connected to a stimulator 45. Signal from stimulator 45 is transmitted through an electrode lead 43 to a stimulation electrode 42, which stimulates nerve 40.

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- 10 Signal processor
11 Stimulator
12 Peripheral sensory nerve
5 13 Amplifier
14 Sensor
15 Peripheral nerve

20 Signal processor
10 21 Transmitter
22 Receiver
23 Actuator
24 Amplifier
25 Sensor
15 26 Peripheral sensory nerve

31 Bladder
32 Sphincter
33 Spinal cord
20 34 Intradural dorsal sacral root
35 Intradural ventral sacral root
36 Extradural sacral root
37 Preganglionic pelvic nerve
38 Postganglionic pelvic nerve
25 39 Pudendal nerve
40 Dorsal penile/clitoral nerve
41 Recording electrode
42 Stimulation Electrode
43 Electrode lead
30 44 Signal processing unit
45 Stimulator

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